

New Jersey Department of Transportation
 Division of Design Services
 New Technologies and Products Unit
 1035 Parkway Ave.
 P.O. Box 600
 Trenton, NJ 08625

NTP ID No.
For Office Use Only

New Technologies and Products Evaluation Form

**ALL INFORMATION MUST BE TYPED – DO NOT REFER TO ATTACHMENTS
 ONLY ONE PRODUCT PER FORM**

Product Trade Name			Patented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Yes	No	Applied For		
Manufacturer			Representative				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Telephone:	Fax No.		Telephone:	Fax No.			
Description of the technology, product, materials, or process:							
Primary use of the technology, product, materials, or process:							
Alternate use of the technology, product, materials, or process:							
Outstanding features, advantages claimed and cost benefits:							
General composition of material (attach laboratory report and Material Safety Data Sheets where applicable)							
Estimated Cost Per Unit of Application: COST MUST BE ENTERED			Can Demonstration Be Provided?				
\$			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Training Courses, Movies Available			Product Availability				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Seasonal		<input type="checkbox"/> Non-Seasonal	
Product can be delivered to site (enter #) days			Are Quantities Limited?				
after order is received <input type="checkbox"/>			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
or, after payment is received <input type="checkbox"/>							

(OVER)

Does your technology, product, material, or process meet requirements of any of the following specifications?
 If yes, please give specification numbers or titles (ex. ASTM D1256)

NUMBER	SPECIFICATION					
	AASHTO					
	ASTM					
	Federal					
	N.J.D.O.T.					
Other:						
Has your product been tested by any of the following testing organizations? If so please include or list report						
Organization:	NTPEP	HITEC	NASHTO	SASHTO	NCHRP	Other:
Report #:						
Is this product manufactured in the USA?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is it approved for use by other highway authorities or other agencies?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, list the states and whether use is routine or experimental. Also, attach any approval letters.						
When was this product introduced on the market?						
What existing technology, product, material, or process would this product replace?						
Provide a brief background description of your company including your Web site address.						
Who recommended contacting the N. J. Dept. of Transportation?						
Has another office in the N. J. Dept. of Transportation been contacted?			<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, explain)		
Explain here:						
NOTE: The Department requires two demonstration projects to qualify your technology or product for use on NJDOT construction projects: Can you donate your technology or product in sufficient quantity for two demonstration projects? Please note that failure to donate material will necessitate the acquiring of funding which may delay and possibly prevent the evaluation and approval of your technology or product.						
YES, we will donate material for two demonstration projects			<input type="checkbox"/>			
NO, we can not donate material for two demonstration projects.			<input type="checkbox"/>			
Additional Information:						
Type or print name of person furnishing information			Title			
Signature			Date			

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